

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 - 1 3

2. STATE:

Texas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

SSA 1905(a)(19) and 1915(g)

7. FEDERAL BUDGET IMPACT: See Attachment

a. FFY 2002 \$ 354,975.84

b. FFY 2003 \$ 312,525.49

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attachment

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

See Attachment

10. SUBJECT OF AMENDMENT: This amendment revises the language in the definition of services and service limitations for case management services to reflect the provision of reintegration planning within 180 days of discharge from an institution.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Sent to Governor's Office this date. Comments, if any, will be forwarded when received.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Linda K. Wertz

13. TYPED NAME:

Linda K. Wertz

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

October 26, 2000

16. RETURN TO:

Linda K. Wertz
State Medicaid Director
Health and Human Services Commission
Post Office Box 13247
Austin, Texas 78711

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 1, 2000

18. DATE APPROVED:

January 23, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

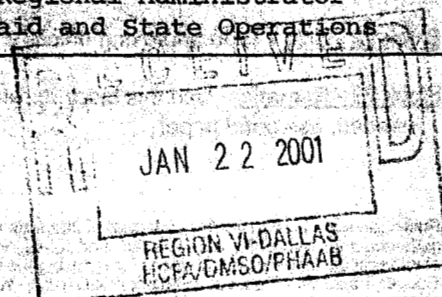
Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:



Attachment to HCFA-179 for
Transmittal No. 00-13, Amendment No. 578

Number of the
Plan Section or Attachment

Supplement 1 to Attachment 3.1-A
Page 1 A.2
Page 1 A.3
Page 1B.2

Number of the Superseded
Plan Section or Attachment

Supplement 1 to Attachment 3.1-A
Page 1 A.2 (TN95-14)
Page 1 A.3 (TN95-14)
Page 1B.2 (TN95-15)

Attachment to Block 7 to HCFA Form 179
Transmittal No. 00-13, Amendment No. 578

This amendment does not change the case management services methodology. This amendment does not change the rates. This amendment changes the duration of service provision resulting in the following fiscal impact.

Fiscal Year	Fiscal Impact	Federal Share	State Share
2002	541,810.86	354,975.84	234,979.02
2003	487,107.36	312,525.49	213,725.87
2004	377,176.50	255,490.02	169,830.48
2005	389,804.25	263,075.51	174,872.74
2006	402,811.95	270,889.24	180,066.71

The fiscal impact is the difference between the current fiscal year (FY2001) and projected years.

The methodology for the calculation of the fiscal impact is on the following page.

CASE MANAGEMENT SERVICES
Chronically Mentally Ill

- **Monitoring:** Evaluating the effectiveness of the services and the need for additional or different services which are documented in writing.
- **Crisis Intervention:** Locating and coordinating emergency services which are documented in writing.
- **Service Planning and Coordination:** Identifying and arranging for the delivery of services and supports that address the individual's needs which are documented in writing. This includes community reintegration planning during the last 180 consecutive days of a Medicaid eligible person's stay in a Medicaid certified acute care facility, Nursing Facility (NF), Institution for Mental Diseases (IMD) for individuals age 65 or older and children under the age of 21, or Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Service Limitations

Case management activities will not be reimbursable as a Medicaid service if another payor is liable or if the activities are associated with the proper and efficient administration of the state plan. Case management activities associated with the following are not reimbursable as targeted case management service:

- Medicaid eligibility determinations and redeterminations;
- Medicaid eligibility intake processing;
- Medicaid preadmission screening;
- Prior authorization for Medicaid services;
- Required Medicaid utilization review;
- Texas Health Steps administration; or
- Medicaid "lock-in" provided for under Section 1915(a) of the Omnibus Reconciliation Act of 1987.

STATE <u>Texas</u>	A
DATE RECD <u>11-01-00</u>	
DATE APPLD <u>01-23-01</u>	
DATE ST <u>10-01-00</u>	
HCHA 177 <u>0013</u>	

SUPERSEDES: TN - 95-14

CASE MANAGEMENT SERVICES
Chronically Mentally Ill

Specifically, reimbursement will not be made for:

- Services that are an integral and inseparable part of another Medicaid service;
- Discharge planning from an institution for mental diseases (except for individuals age 65 or older and children under the age of 21);
- Outreach activities that are designed to locate individuals who are potentially Medicaid eligible; or
- Any medical evaluation, examination, or treatment that is billable as a distinct Medicaid covered benefit; however, referral arrangements and staff consultation for such services are reimbursable as case management activities.

D. **Qualifications of Providers**

Section 4118(I) of P.L. 100-203, Omnibus Reconciliation Act of 1987, is invoked limiting the provider of case management activities to the State Mental Health Authority, which is the Texas Department of Mental Health and Mental Retardation (TDMHMR), or local authorities designated in accordance with §534.054 of the Texas Health and Safety Code, which offer a service delivery system for required services as set forth in §534.053 of the Texas Health and Safety Code.

TDMHMR has implemented rules, standards, and procedures to ensure that case management activities are:

- Available on a statewide basis with procedures to ensure continuity of services without duplication;
- Provided by persons who meet the requirements of education and work experience commensurate with their job responsibilities as specified by TDMHMR; and
- In compliance with federal, state, or local laws, including directives, settlements, and resolutions applicable to the target population.

STATE	Texas	A
DATE REC'D	11-01-00	
DATE APPR'D	01-23-01	
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HCFA 179	00-13	
SUPERSEDES: TN - 95-14		